DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Public Health DPH 40077 (Rev. 12/04)

STATE OF WISCONSIN

Bureau of Community Health Promotion Direct questions to: 608-261-7654

WISCONSIN ABSTINENCE INITIATIVE FOR YOUTH ANNUAL CLUB REPORT

Completion of this form is required under the provisions of MB Circular A-110.51. Failure to complete this form may result in a whole or partial suspension or termination of the club grant (MB Circular A-100.62b) or participation in WAIY Club Network activities.

INSTRUCTIONS: This report is to be completed by organizations sponsoring a club in the Wisconsin Abstinence Initiative for Youth Club (WAIY) Network. It is required from any club receiving support through mini-grants, free or reduced cost training, access to a regional coordinator, or inclusion in other developments of the WAIY Club Network. The report is to be submitted to the Department of Health and Family Services Abstinence Program Consultant May 15 of each year.

Sponsoring Organization Name	Club No. Region				
Mailing Address	City and Zip Code				
Authorized Agency Representative Name and Title	Email Address				
Key Contact Name and Title within Organization	Email Address				
Mailing Address	City and Zip Code				
Alternate Identification Information Club Advisor(s) Name(s) if Different from Key Contact	Telephone	Email Address			
Mailing Address	City and Zip Code				
Fiscal Agency Name if Different from Sponsoring Orga	anization				
Fiscal Agency Representative Name and Title	Telephone	Email Address			
Tisoal Agency (Nepresentative Name and Title	Теверноне	Liliali Addiess			
Mailing Address	•	City and Zip Code			

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SECTION 2 - GEN Name of Club	IERAL UPDATE A	Club Number	Date Club Started	Region	nal Co	ordin	ator				WAIY Region
No. of Females in Club	No. of Males in Club	No. of You Club	L th Leaders In				No. of Adults who Attended a WAIY Training				
Number of Youth That Learned the Six "Abstinence Pays Back" Messages				Number of Youth That Demonstrated an Ability to Identify and Explain at Least Five of the "Abstinence Pays Back" Messages							
Eight Discussion	Topics - Check thos	se discussed									e Core Activity Goal or ht Monthly Activities
Love	ion and Definitions nd Dating Relationshi	ins			2 3	4	5	6	7	8	·
☐ Intimacy ☐ Postponing Se	-				」						Abstinence Promotion
Skills for Deve	noping Strong Relations loping Strong Relations ve in All the Right Pla										Fun Service
	nent and Self-Awarer						Fund Raising				
Monthly Activition	2 - Dosgribo any har	riors to comp	ploting the sigh	t activiti	os (su	ch ac	rogi	ntorini n	og log	tor in	the school year). If your
	s - Describe any bar n the eight required a				es (su	ch as	regi	sienr	ig ia	ei in	the school year). If your

SECTION 2 CONTINUED - GENERAL UPDATE AND REPORT
Highlights - Describe any special events that were found to be successful and worth replicating in other clubs.
Challenges - Describe any barriers to implementing the club and how they were addressed.
Youth Led Activities - Describe how youth leadership skills and involvement in community were developed or built.

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SECTION 3 - ACHIEVEMENT AWARD LOG - MAKE COPIES OF THIS PAGE AS NEEDE
Assign a number to each event or activity that earned achievement award points. For activity numbers and points, see the Achievement Award Activity List and Point Guide in the handbook.

Event/Activity No.	Brief Description of Event											
Date												
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.											
	LTP	М	A	F	SL	FR	С	D	N	M Sample:		
Event/Activity No.	Brief Description of Event											
Date												
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.											
	LTP	M	A	F	SL	FR	С	D	N	M Sample:		
Event/Activity No.	Brief Descri	ption of Ever	nt									
Date												
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.											
	LTP	М	A	F	SL	FR	С	D	N	M Sample:		
Event/Activity No.	Brief Descri	ption of Ever	nt			•	•					
Date												
Total Achievement Points Earned	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.											
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Date												
Total Achievement	Record the activity number(s) included in the event under the appropriate category. (Show the points earned in parentheses.) See sample for the category of monthly discussion, activity1 in the last cell.											
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Points Earned							tegory. (Sho	w the points e	arned in pare	m Sample:		
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SECTION 4 - DATA COLLECTION

Include services to youth and adults through both club and outreach events.

Federal Form 2—Unduplicated Count of Clients Served

Collected by the U.S. Department of Health and Human Services' Abstinence Education Program.

Use this form to record the **total number** of clients you have served.

Do not count a client each time you have served him or her.

Mala	Age in Years								
Males	<10	10-14	15-17	18-19	20-24	>24	Total		
Non-Hispanic White									
Black									
Hispanic									
Others									
Females	Age in Years								
remales	<10	10-14	15-17	18-19	20-24	>24	Total		
Non-Hispanic White									
Black									
Hispanic									
Others									
Total Males and Females									

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Federal Form 3—Total Encounters by Clients

Collected by the U.S. Department of Health and Human Services' Abstinence Education Program.

Use this form to record the total encounters for all clients you have served.

If a client has attended 5 meetings or events, there should be 5 encounters recorded for that youth alone.

The total number of encounters (shaded box) will be higher than the total number of youth served (Federal Form 2).

Males	Age in Years								
waies	<10	10-14	15-17	18-19	20-24	>24	Total		
Non-Hispanic White									
Black									
Hispanic									
Others									
Females	Age in Years								
remaies	<10	10-14	15-17	18-19	20-24	>24	Total		
Non-Hispanic White									
Black									
Hispanic									
Others									
Total Males and Females									

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SECTION 5 - WAIY CLUB LEDGER

ate of event	Description of event and purchased item	Payment	Deposit	Balance

SECTION 6 - SIGNATURE

Name of Authorized Agency Representative	Title
SIGNATURE - Authorized Agency Representative	Date Signed

Submit completed form with attachments to:

Abstinence Program Consultant Department of Health and Family Services Division of Public Health, Room 351 P.O. Box 2659 One West Wilson Street Madison WI 53701-2659